STATEMENT OF

FORM 1		NIZATIO nstructions)	N		Office use only
1. NAME OF COMMITTEE (in	(Check if r		mple: If typying, type the lines	12FE4M5	Office use only
Nationwide N	lutual Insurance Company	Political Actio	n Committee		
		1. 21			
ADDRESS (number and	d street) One Nationwi	de Plaza			
(Check if address is changed)	ss 1-32-301				
	Columbus		шш	OH	43215 -
		CITY		STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS (Please provide on		ess)		
(Check if address is changed)	pac@nationw	ide.com			
					11111111
COMMITTEE'S WEE	B PAGE ADDRESS (URL)				
(Check if address is changed)	ss				
2. DATE 0	8 19 2011	Y		1	
3. FEC IDENTIFIC	ATION NUMBER	C COO	076174		
4. IS THIS STATE	MENT NEW (N)	OR X	AMENDED (A)		
I certify that I have exar Type or Print Name of	nined this Statement and to the best		d belief it is true, correct an	d complete	
1,po or 1 mil Name C					
Signature of Treasure	er Electronically Filed by Ms	. Carol Dove		Date 08	19 / 2011
NOTE: Submission of	alse, erroneous, or incomplete inform		he person signing this State	•	
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)